



St. Mark's
ROMAN CATHOLIC CHURCH

PARISH REGISTRATION

345 Glad Park Avenue,
Stouffville, ON L4A 1E4
(905)-640-6954
stmarksst@archtoronto.org

Date: _____

Are you a new member of St. Mark's Parish? Yes No If no, how long have you attended this parish? _____

Would you like to use offertory envelopes? Yes No

Would you like to enrol in the Pre-Authorized Giving (PAG) program (see attached brochure)? Yes No

Primary Registrant's Information: *This person will be designated as head of the household.*

Please Print

Name: _____
Last First

Address: _____
Street # Street Name Apt/Suite/Unit# City Postal Code

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Religion: _____ Occupation: _____

Male Female Do you want to include your spouse's name on the tax receipt? Yes No

Spouse's Information:

Name: _____
Last First

Email Address: _____ Cell Phone #: _____

Male Female Religion: _____ Occupation: _____

Children's Information: *Please only list children who live at the address above. For extra names use back of form.*

Child 1

Name: _____ Male Female
Last First Date of Birth (D/M/Y)

Child 2

Name: _____ Male Female
Last First Date of Birth (D/M/Y)

Child 3

Name: _____ Male Female
Last First Date of Birth (D/M/Y)

Other Family Members living at the address above:

For extra names use back of form.

Name: _____ Male Female
Last First Relation to Main Registrant

Email Address: _____ Cell Phone #: _____

Name: _____ Male Female
Last First Relation to Main Registrant

Email Address: _____ Cell Phone #: _____